<u>L4</u>	(psgl\$) and (hypertension or hypertensive)	29	<u>L4</u>
<u>L3</u>	(psgl\$) and (hypetension or hypertensive)	6	<u>L3</u>
<u>L2</u>	(psgl\$) and (hyperension or hypertensive)	6	<u>L2</u>
<u>L1</u>	eppihimer.in.	3	<u>L1</u>

## END OF SEARCH HISTORY

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L2: Entry 3 of 6

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Sep 7, 2004

US-PAT-NO: 6787365

DOCUMENT-IDENTIFIER: US 6787365 B2

\*\* See image for <u>Certificate of Correction</u> \*\*

TITLE: Inhibition of L-selectin and P-selectin mediated binding using heparin

DATE-ISSUED: September 7, 2004

US-CL-CURRENT: 436/94; 514/56

APPL-NO: 10/ 414969 [PALM]
DATE FILED: April 15, 2003

## PARENT-CASE:

This application is a continuation of U.S. application No. 09/246,993, filed on Feb. 8, 1999, which issued on Jul. 22, 2003 as U.S. Pat. No. 6,596,705 based on, and claims the benefit of, U.S. Provisional Application No. 60/073,998, filed Feb. 9, 1998, now abandoned, the content of both of which is incorporated herein by reference.

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12200712 PMID: 9508232

Outcome of stroke in patients undergoing \*\*\*hemodialysis\*\*\*

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Archives of internal medicine (UNITED STATES) Mar 9 1998, 158 (5) p537-41, ISSN 0003-9926 Journal Code: 0372440

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BACKGROUND: While elevated levels of serum creatinine have been shown to be a risk factor for diminished survival after stroke, it is unknown how replacement therapy may affect the outcome. METHODS: Strokes occurring in 26 consecutive patients undergoing hemodialysis at our institution were reviewed and clinical and laboratory variables and outcome were compared with those of patients who had a stroke but had normal renal function. RESULTS: Twenty-four strokes in the patients undergoing \*\*\*hemodialysis\*\*\* were ischemic while only 2 were hemorrhagic. Virtually all the patients had hypertension, half had diabetes mellitus, and most had some prior evidence of cardiovascular disease at the time of their stroke. Fifty percent of the patients undergoing hemodialysis had a good outcome (defined as being discharged home) while the remainder had a poor outcome (defined as dying or being discharged to a nursing facility). The combined presence \*\*\*hypertension\*\*\* and coronary artery disease had a sensitivity of 91.2% for identifying patients with a poor outcome, while male sex, the presence of coronary artery disease, and the combined presence of hypertension coronary artery disease, and/or congestive heart failure had sensitivities greater than 80% but low specificity. The outcome of patients undergoing hemodialysis was comparable with that of a control group of patients who had a stroke but had normal renal function, although the length of hospital stay was greater (mean [+/-SEM] 29.8+/-6.4 days vs 12.7+/-1.1 days, respectively; P<.01). CONCLUSIONS: Hospitalized patients undergoing hemodialysis in whom stroke occurs appear to have as good an outcome as that of patients with normal renal function, although they are hospitalized longer. In addition, certain clinical variables seem to be associated with a worse outcome. Aggressive measures to prevent and treat stroke seem as warranted for patients undergoing hemodialysis as for patients with normal renal function, although interventions to reduce the length of hospital stay are needed.

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